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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPERATIONAL PLANNING WORKSHEET Page 1 of**      **ICS 215 - EPA *(Rev 02/10)*** | **Incident Name:** | | | **Operational Period: ( Date / Time )** | | | | | | | | **OPERATIONAL PLANNING WORKSHEET**  **ICS 215 - EPA** | | | | |
|  |  | | | From:  To: | | | | | | | |  | | | | |
|  | **Branch** | **Division / Group or Location** | **Work Assignments** | **Resource / Equipment** | | | | | | | |  | | | | |
|  |  |  |  | **Resource** |  |  |  |  |  |  |  | **Notes / Remarks** | **Reporting Location** | | **Requested Arrival Time** | **“X” Here**  **if 204a Needed** |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Req. |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Have |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | Need |  |  |  |  |  |  |  |  |  | |  |  |
|  | **Total Resources Required** | | | |  |  |  |  |  |  |  | **Prepared By:** | | **(Date/ Time)** | | |
|  | **Total Resources on Hand** | | | |  |  |  |  |  |  |  | Name/Position: | |  | | |
|  | **Total Resources Needed** | | | |  |  |  |  |  |  |  |  | |  | | |